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DEPARTMENT FOR EUR/SCE, INL
JUSTICE FOR OIA, AFMLS, AND NDDS
DEA FOR OILS AND OFFICE OF DIVERSION CONTROL
TREASURY FOR FINCEN

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TAGS: [SNAR PREL](#) [KJUS KCRM HR](#)

SUBJECT: CROATIA INCSR 2006/2007 - PART ONE

REF: STATE 136780

¶1. (U) Below please find, per reftel request, part one of post's submission for the annual International Narcotics Control Strategy Report. Part two on money laundering will be submitted septel. Croatia

¶I. Summary

Croatia is not a producer of narcotics. However, narcotics smuggling through the Balkans route to Western Europe remains a serious concern to Croatian authorities. Croatian law enforcement bodies cooperate actively with their U.S. and regional counterparts to combat narcotics smuggling. Croatia is a party to the 1988 UN Drug Convention. During the 2006, the Government Office for Suppression of Narcotics established bilateral cooperation with several countries (e.g. UK, Sweden, Netherlands, Spain, Poland, Hungary and the Russian Federation). The Government Office also continued cooperation with the countries in the region. According to current statistics, the amount of available narcotics on the Croatian market increased and the scope broadened during the year, resulting in a greater number of addicts. The number of treated persons in 2006 was 7,427 (out of which 2,000 were treated for the first time), an increase from prior years (e.g. 2005 - 6,668 persons; 2004 - 5,768 persons). Of the total number of persons treated in 2006, 82% were men. As in previous years, addicts were mainly addicted to heroin and opiates.

II. Status of Country

Croatia shares borders with Slovenia, Serbia, Montenegro, Hungary, and Bosnia and Herzegovina, and has a 1,000 km long coastline (4,000 km adding in its 1,001 islands), which presents an attractive target to contraband smugglers seeking to move narcotics into the large European market. Narcotics smuggling continued to increase along the "Balkan Route" destined for European markets, with the majority transiting through Croatia's land borders.

III. Country Actions Against Drugs in 2006

Policy Initiatives. In December 2005, Croatia adopted a National Strategy for Narcotics Abuse Prevention for 2006-2012, developed with assistance from the European Monitoring Center for Drugs and Drug Addiction (EMCDDA). The Strategy aims to bring demand and supply reduction efforts in line with EU policies and creates a National Information Unit for Drugs to standardize monitoring and the assessment of drug abuse data in order to facilitate data sharing with the EU's EMCDDA programs. In February 2006, the Government of Croatia (GOC) adopted the Action Plan on Drug Abuse Control for 2006-2009. The goal of the Action Plan is to achieve equal availability of programs throughout the country targeting primarily children, youth and families. In June 2006, Parliament adopted changes to the Criminal Code, which increased sentences for possession and dealing of illicit drugs. Croatia also instituted

changes to the criminal code, increasing penalties for several other narcotics-related offenses. The minimum penalty for narcotics production and dealing was increased from one to three years. The minimum penalty for selling narcotics by organized groups was increased from three to five years. The minimum penalty for incitement or facilitating the use of illegal narcotics was increased to one year. In addition, punishment for possession of related equipment or precursor chemicals was increased from three months to a mandatory sentence of no less than one year. Other changes to the criminal code permit the police to use such tactics as controlled deliveries, a method that was used this year with international cooperation. Another amendment to the criminal code eases measures to confiscate assets of organized crime groups by placing the burden of providing evidence about the origins of assets on the defendant rather than the prosecutor, and allowing confiscation of assets acquired during the period of incriminating activity. Croatia continues to cooperate well with other European states to improve the control and management of its porous borders. Authorities describe cooperation on narcotics enforcement issues with neighboring states as excellent.

Law Enforcement Efforts. The Interior Ministry, Justice Ministry and Customs Directorate have primary responsibility for law enforcement issues, while the Ministry of Health has primary responsibility for the strategy to reduce and treat drug abuse. The Interior Ministry's Anti-Narcotics Division is responsible for coordinating the work of counter-narcotics units in police departments throughout the country. The Interior Ministry maintains cooperative relationships with Interpol and neighboring states, and cooperates through the South-Eastern Cooperation Initiative (SECI). Croatian police and Customs authorities continued to coordinate counter-narcotics efforts on targeted border-crossing points. Police reported the following seizures: Heroin (82 kg in 2006 vs. 52 kg in the first 9 months in 2007) and hashish (12 kg in 2006 vs. 4 kg in the first nine months of 2007, marijuana 202.5 kg vs. 179 kg in the first nine months in 2007, cocaine 5.6 kg vs. 16 kg in the first nine months in 2007, amphetamine 11.6 kg vs. 7 kg in the first nine months of 2007, ecstasy 16,340 tablets vs. 12,177 tablets in the first nine months of 2007). In 2005, police submitted charges against 5,700 persons for narcotics-associated crimes; in 2006 police initiated criminal charges against 6,017 individuals and in the first nine months of 2007 police initiated criminal charges against 5,041 persons. Crimes associated with the sale or abuse of narcotics make up 10% of total crimes recorded. During 2006, 8,346 registered criminal acts were associated with narcotics smuggling and abuse.

Corruption. As a matter of government policy, Croatia does not encourage or facilitate illicit production or distribution of narcotic or psychotropic drugs or other controlled substances, or the laundering of proceeds from illegal drug transactions. Similarly, to post's knowledge, no senior government official is alleged to have participated in, encouraged, or facilitated such activities. Croatia is a party to the UN Corruption Convention. Agreements and Treaties. Croatia is a party to the 1988 UN Drug Convention, the 1961 UN Single Convention as amended by the 1972 Protocol, and the 1972 UN Convention Against Psychotropic Substances. Croatia is also a party to the UN Convention against Transnational Organized Crime and its protocols against trafficking in persons, migrant smuggling, and illegal manufacturing and trafficking in firearms. Extradition between Croatia and the United States is governed by the 1902 Extradition Treaty between the U.S. and the Kingdom of Serbia, which applies to Croatia as a successor state. Croatia has signed bilateral agreements with 34 countries permitting cooperation on combating terrorism, organized crime, smuggling and narcotics abuse.

Cultivation/Production. Small-scale cannabis production for domestic use is the only narcotics production within Croatia. Poppy seeds are cultivated on a small scale for culinary use. Because of Croatia's small drug market and its relatively porous border, Croatian police report that nearly all illegal drugs are imported into Croatia. However, authorities believe that given the existence of ecstasy labs in Bosnia and Herzegovina, it is inevitable that small-scale labs will be discovered in Croatia.

Drug Flow/Transit. Croatia lies along part of the "Balkan heroin smuggling Route." Authorities believe that much of the heroin from Asian sources transverse this route to reach European markets. Although Croatia is not considered a primary gateway, police seizure data indicate smugglers continue to attempt to use Croatia as a transit point for non-opiate drugs, including cocaine and

cannabis-based drugs. Cannabis-based drugs have increasingly been identified at road border crossings. Ecstasy and other synthetics are smuggled into Croatia from the Netherlands and Belgium. Domestic Programs/Demand Reduction. The Office for Combating Drug Abuse in cooperation with relevant ministries, develops the National Strategy for Narcotics Abuse Prevention (most recently in its Strategy for 2006-2012), and is the focal point for agency coordination activities to reduce demand for narcotics. Croatia has eight therapy communities with 32 therapy houses which operate as non-governmental organizations or religious communities, or were established and registered as social care facilities for addicts. The facilities offer treatment and psychosocial rehabilitation to drug addicts. Therapy communities implement programs of psychosocial rehabilitation, work therapy, family counseling, prevention awareness programs, and cooperate with the Centers for Prevention of Addictions, Centers for Social Welfare, hospitals, clinics, various state bodies, and domestic and foreign humanitarian organizations.

Demand reduction programs are coordinated by the Government's Office for Combating Drug Abuse. The Ministry of Education requires drug education in primary and secondary schools within its "healthy lifestyles" courses. Other ministries and government organizations also run outreach programs to reach specific constituencies such as pregnant women. The state-run medical system offers treatment for addicts, but slots are insufficient to accommodate all needing treatment. The Ministry of Health oversees in-patient detoxification programs as well as 21 regional outpatient prevention centers which provide testing, counseling, and referrals.

According to GOC statistics, the highest number of treated addicts was registered in Istria, followed by the counties of Zadar, Zagreb, Sibenik, and Dubrovnik. The highest numbers of treated opiates addicts were registered in the county of Zadar, followed by Istria and Sibenik. High rates did not necessarily reflect high drug abuse rates, but rather an efficient system of their inclusion in treatment. The number of treated persons in 2006 was 7,427 (out of which 2,000 were treated for the first time), an increase in from prior years (e.g. 2005 - 6,668 persons and in 2004 - 5,768 persons).

Of the total number of persons treated in 2006, 82% were men. As in previous years, addicts were mainly addicted to heroin and opiates.

In 2006 the GOC developed therapy guidelines for methadone therapy and in 2007 for buprenorphine. Pharmacotherapy with buprenorphine increased: 18% of practitioners used the treatment in 2006, compared with 3% in 2005. The increase in therapy is attributable to the coverage by the national health insurance system for such treatments. Therapy using methadone in 2006 increased by 34% from the prior year, up from 886 persons in 2005 to 1,186 in 2006. The number of deaths in 2006 regarding narcotic drugs decreased from the prior year by 15%. Out of 90 deaths, 81 persons were men and nine were women. Those deaths largely occurred in the city of Zagreb (38%), Split county (19%) and Istria county (10%). In 2006, the GOC spent 64 million kuna (\$12.5 million) for the implementation of the National Strategy for Suppression of Narcotics and its Action Plan, which is an increase of 28% from the previous year.

IV. U.S. Policy Initiatives and Programs

Bilateral Cooperation. The primary objectives of U.S. initiatives in Croatia have been focused on improving the ability of Croatian law enforcement agencies to work bilaterally and regionally to combat organized crime and narcotics trafficking. Having achieved these two basic objectives, U.S. assistance for police reform efforts under the ICITAP (DoJ) program was refocused on combating organized crime and corruption. In October 2006, Croatian police formed the first joint police-prosecutor task force to target a criminal organization involved in drug trafficking and other illegal activities. The task force yielded several arrests. In addition, Croatian police have been regular participants in training programs at the U.S.-funded International Law Enforcement Academy. Under the Export Control and Border Security (EXBS) program, police and customs officers have been trained this year on border security, tracker training, port security and vulnerability, seaport interdiction, and commodity identification, all of which will assist in preventing drug trafficking through Croatia. Equipment donations and related training for border police officers will further enhance Croatia's ability to detect and interdict shipments.

Road Ahead. For 2007-2008, U.S. expert training teams will join in-country U.S. trainers to help Croatian police develop skills in surveillance, management development, witness support, fugitive tracking, and informant management. A resident advisor will

continue to assist the Ministry of Interior in improving police and prosecutor cooperation in complex narcotics, corruption, and organized crime cases. Additional training and detection equipment donations planned for 2008 under the EXBS program will have spin-off benefits for Croatia's fight against narcotics trafficking, particularly in the areas of interagency cooperation and border management.

Chemical Control Issues. The Ministry of Health controls the sale of drug precursor chemicals such as acetic anhydride and kali permanganate (potassium permanganate is not listed). Concurrently, the Ministry of Economy controls exports and imports of those products.

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